

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

Reporting Information	FOR C	OFFICE USE ONLY	720
Year: 2014		*2	
Fill in circle if amendment			
		RECEIVED DEC 3 1 2014	8
Client Information			• •
Name: GONZALEZ SÁGGIO & HARLAN LLP		1	les your
Permanent Business Address: 111 E. Wisconsin Av	venue Suite 1100		
City: Milwaukee	State: WI	ZIP code: 53292	5,8,7
Phone: 414-277-8500	olate. Wi	Zii COGE, 33232	
, 110.10. 11. 27. 0300			
Business Relationship with an Er	itity		
and fill our Section only it me kelon	onship is with an Emity. It me Kelat	ionship is with a State Person, skip th	ils section
Entity Name:	•		
Entity Address:	9		
City:	State:	ZIP code:	20
Phone:	e e e e e e e e e e e e e e e e e e e	₹	8
State Person with the Requisite Involvement in	the Entity:		4
Last name:	First name:	0 50	s el
State Person's Agency or Legislative Body of I	Employment:	•	
Public Office Address:	3		
City:	State:	ZIP code:	
Phone:			
Check here if using addendum sheet for addi	itional State Person(s) with the I	Requisite Involvement in the Entit	hy: O
Description of Business Relationship(s):	•		
	u u		
* * * * * * * * * * * * * * * * * * *			
Compensation (Actual or Anticipated):	\$.0	0 ,	
Expenses (Actual or Anticipated):	\$.00	0	
Total Compensation and Expenses (Actual or	Anticipated):	\$.00	
Beginning date of Business Relationship (Actua	al or Anticipated): M	onth:. Year:	
End date of Business Relationship (Actual or A	.nticipated) if applicable: M	onth: Year:	

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entitles:

Ö

12.0					
i∀ Busine Instructions:	ss Relationship with a Sto		If the Palotions	ain is with an En	the civin this could
	and fill out Section III.	oustub is wall a state I cisoir	ii iire keigilotis	inp is will dit Ell	my, skip mis section
State Person Last Name: Quart State Perso			n First Name:	Dan	
Agency or Le	egislative Body of Employment: A	Member, New York State Assem	bly - Assembly I	District 73	
Public Office	Address: 360 East 57th Street - Mezz	azine Level			g *
City; New Yor	ty; New York State: NY		ZIP code: 10022		
Phone: 212-6	05-0937	2			
Description o	of Business Relationship(s):Mr. Quan	t is a non-equity partner in the	firm. His practic	e focuses on the	defense of
insureds and se	lf-insured business entities in personal	litigation in New York's federal	and state court	is.	
9		r .	11	1	
					~ ,
Compensation	on (Actual or Anticipated):	\$ 57,300	.00		·
Expenses (Ac	ctual or Anticipated):	\$ 2,500	.00		
Total Compensation and Expenses (Actual or Anticipated):		\$59,	,800	.00	
	,		# 18 18 18 18 18 #		
Beginning date of Business Relationship (Actual or Anticipated):		Month: July	Yec	Year: 2014	
End date of Business Relationship (Actual or Anticipated) if applicable:		Month:	Yeo	ar:	

Check here if using addendum sheet for additional State Person(s): \bigcirc

Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: Steen Alabar

DATE: December 30, 2014

PRINT NAME: LAST Gerber

FIRST Steven

Mark One:

10 Chief Administrative Officer

O Designee (Attach Letter)

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Business Relationship with an Er Instructions: Fill out this section only if the Relati		Relationship is	with a State Person, skip i	his section	
and fill out Section IV.				ins section	
ill(d) Fill of this section ONLY for addition	indi kelanonshipisi wanianei	(engenny/Ennik		De De Service O de Service de Service	
Entity Name:			¥	ř.	
Entity Address:					
City:	State:	92	ZIP code:		
Phone:					
State Person with the Requisite Involvement in	n the Entity:				
Last name:	First name:				
State Person's Agency or Legislative Body of I	Employment:	50			
Public Office Address:					
City:	State:		ZIP code:		
Phone:			r.		
Check here if using addendum sheet for add	itional State Person(s) with	the Requisite	Involvement in the Enti	ity: O	
Description of Business Relationship(s):		•			
	2		8		
			ē		
* -					
Compensation (Actual or Anticipated):	i s	.00		1 0	
Expenses (Actual or Anticipated):	\$.00		*	
	Total Compensation and Expenses (Actual or Anticipated):		.00.	1	
		\$		_	
Beginning date of Business Relationship (Actua	al or Anticipated):	Month:	Year.		
End date of Business Relationship (Actual or Anticipated) if applicable:		Month:	Year:		
III(b) Fill out this section Only to addition				litiades.	
Entity Name:					
Entity Address:	900 8	(•)	T-86915 St.		
Ċity:	State:		ZIP code:		
Phone:		į.	9		
State Person with the Requisite Involvement in	the Entity:				
Last name:	First name:		at the state of th		
State Person's Agency or Legislative Body of E	imployment:	83	e .		
Public Office Address:	e				
City:	State:		ZIP code:		
Phone:	3 7 .		9		

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

W Business Relationship with a Sta Instructions: Fill out this section only if the Relational fill out Section III.		If the Relationship is	with an Entity, skip t	nis section		
State Person Last Name:	Person Last Name: State Person First Name:					
Agency or Legislative Body of Employment:			전	x 2		
Public Office Address:			980			
City:	State:	Z	IP code:			
Phone:		, ja	e ::			
Description of Business Relationship(s):						
2			e	·		
Compensation (Actual or Anticipated):	ė	.00				
Expenses (Actual or Anticipated):	4	.00		40		
Total Compensation and Expenses (Actual or Anticipated):		\$.00			
Beginning date of Business Relationship (Actual or Anticipated):		Month:	Year:			
End date of Business Relationship (Actual or A	Month:	Year:				